# THE AUDIT

# SELF TEST

# Question #1

How often do you have a drink containing alcohol?

| | SCORE |
|---|---|
| ❑Never | 0 |
| ❑Monthly or Less | 1 |
| ❑2 to 4 times per month | 2 |
| ❑2 to 3 times per week | 3 |
| ❑4 or more times a week | 4 |

# Question #2

How many drinks containing alcohol do you have on a typical day when you are drinking?

| | SCORE |
|---|---|
| ❑ 1 or 2..... | 0 |
| ❑ 3 or 4..... | 1 |
| ❑ 5 or 6..... | 2 |
| ❑ 7 to 9..... | 3 |
| ❑ 10 or more..... | 4 |

# Question #3

How often do you have six or more drinks on one occasion?

**SCORE**

- ❑ Never…… 0
- ❑ Less than monthly…… 1
- ❑ Monthly…… 2
- ❑ 2 to 3 times per week…… 3
- ❑ 4 or more times a week…… 4

# Question #4

How often during the last year have you found that you were not able to stop drinking once you had started?

| | **SCORE** |
|---|---|
| ❑Never..... | 0 |
| ❑Less than monthly..... | 1 |
| ❑Monthly..... | 2 |
| ❑2 to 3 times per week..... | 3 |
| ❑4 or more times a week..... | 4 |

# Question #5

How often during the last year have you failed to do what was normally expected from you because of drinking?

**SCORE**

- Never..... 0
- Less than monthly..... 1
- Monthly..... 2
- 2 to 3 times per week..... 3
- 4 or more times a week..... 4

# Question #6

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

**SCORE**

- Never.....0
- Less than monthly..... 1
- Monthly..... 2
- 2 to 3 times per week..... 3
- 4 or more times a week..... 4

# Question #7

How often during the last year have you had a feeling of guilt or remorse after drinking?

**SCORE**

- Never.....0
- Less than monthly..... 1
- Monthly..... 2
- 2 to 3 times per week..... 3
- 4 or more times a week..... 4

# Question #8

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

**SCORE**

- Never.....0
- Less than monthly..... 1
- Monthly..... 2
- 2 to 3 times per week.....3
- 4 or more times a week..... 4

# Question #9

Have you or someone else been injured as a result of your drinking?

**SCORE**

- ❑ No..... 0
- ❑ Yes, but not in the last year..... 2
- ❑ Yes, during the last year..... 4

# Question #10

Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested you cut down?

**SCORE**

- ❑ No..... 0
- ❑ Yes, but not in the last year..... 2
- ❑ Yes, during the last year..... 4

# Overall Score

**If you scored a “0” then you are a non-drinker and probably wondering why you had to sit in class.**

# Overall Score

**If you scored between “1” and “7” then you are probably just a social drinker who drinks occasionally and responsibly.**

# Overall Score

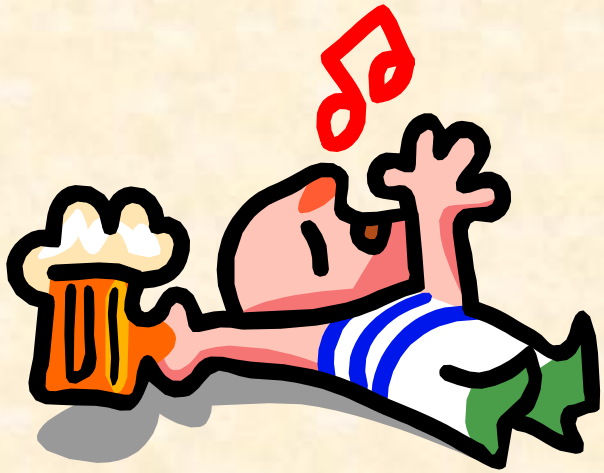
**If you scored between “8” and “40”:**

**You are exhibiting some high risk drinking behaviors and may want to take a closer look at your drinking patterns and any effects your drinking is having on your:**

- **Relationships**
- **Work**
- **Finances**
- **Legal**

# Overall Score

**If you scored greater than “40”, then you either need to take a math class or you are drunk right now!**



# The AUDIT

Designed by the World Health Organization

- Screening Tool
- Identify Hazardous or harmful drinking behaviors

# Army Statistics

- **Audit results indicate that 31% of all Soldiers surveyed exhibit high risk drinking behaviors.**
- **72.5 % of all Soldiers screened and enrolled by the ASAP for a substance abuse problems are enrolled in treatment for Alcohol not drugs.**
- **The Army enrolls over 2,000 Soldiers in treatment for alcohol abuse after they receive a DWI/DUI each year.**

# Army Statistics

- **The last DoD Health Survey indicated:**
  - **Soldiers abuse alcohol more than Sailors or Airman.**
  - **10.3% of Soldiers experience serious consequences such as article 15s, DUIs, injuries, or divorce, etc due to their drinking.**
  - **16% of Soldiers experience productivity loss at work such as being late, accidents, illness, or performing below standards due to alcohol use.**

# Remember your WARRIOR

**P**ersonal Courage

**R**espect

**I**ntegrity

**D**uty

**E**xcellence

# Summary

**ASAP Telephone Number:**

**ASAP Address:**